

MICHIGAN RURAL TRANSIT ASSISTANCE PROGRAM EXPENSE VOUCHER

Transit System Name and Mailing Address:			Federal ID No.				Date Submitted			
			Name of Individual Trained:							
			Nature of Training:							
STATE TRAVEL RATES APPLY			NOTE: ATTACH RECEIPTS TO THIS VOUCHER Receipts needed for airfare (or any other mode of transportation), lodging, parking, bridge tolls, registration or course fees. <i>No meal receipts required.</i>							
Date	Expense Description	Travel Times <u>Start :</u> _____ <u>End:</u> _____	VEHICLE EXPENSES (\$0.375 rate effective 1.1.04)				Lodging	Meals	Other * Expenses (Explain)	Daily Total
			Mileage (First 200 exempt)							
			Total Miles	Net Miles**	Rate					
SUMMARY TOTAL										
			TOTAL AMOUNT OF VOUCHER							\$

*Explain under Expense Description

** Total miles minus 200 exempt miles

I hereby certify that the travel indicated was necessary and for transit related business.

STATE RTAP COORDINATOR APPROVAL

TRANSIT MANAGER SIGNATURE

Revised 3.04